

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.T.	913	11/18
RESPONSE FORMALITY REVIEW	SS	573	01/05/01
			04-19-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	
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3	
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5	
6	
7	
8	✓
9	0
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	0
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20	0
21	✓
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25	
26	✓
27	0
28	0
29	0
30	✓
31	✓
32	✓
33	✓
34	0
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38	0
39	✓
40	✓
41	✓
42	0
43	✓
44	✓
45	0
46	0
47	0
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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